"One Flew Over the Cuckoo's Nest"
Skin Surgery in Dermato-Venereology – "Gökboet" or "Gökunge-effekt"?

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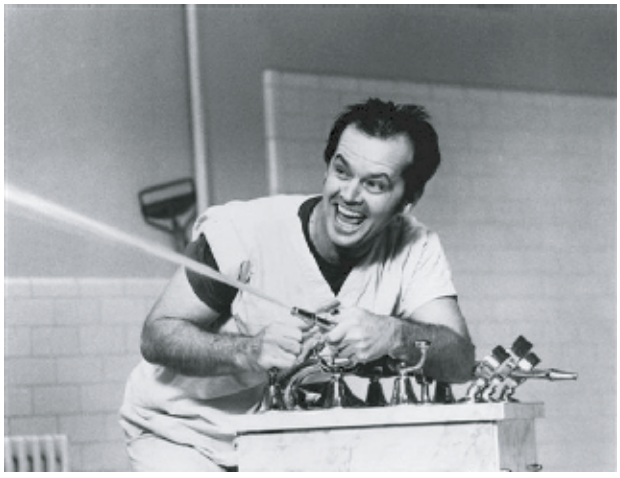
Anders Vahlquist here gives his personal thoughts about the growing skin surgery in our specialty. We invite debate on this (agneta@medicaljournals.se)!



A scene from the film "*One Flew Over the Cuckoo's Nest*" (titled "*Gökboet*" in Sweden) starring Jack Nicholson. *Photo from AP Photo.*

I like surgery. Removing a skin tumour always gives me a feeling of satisfaction. I guess many of us feel the same, especially as the incidence of skin cancer is rapidly increasing. In Sweden, at least, there is now a trend among dermatologists to perform more skin surgery "in-house", following the example of our colleagues in the USA, Germany and a few other European countries. But should dermatological surgery be advanced uncritically to such a degree that it will jeopardize the skills in other areas of our specialty? Especially in times of budget constraints, taking over the work of plastic surgeons and ear, nose and throat (ENT) doctors without corresponding economic compensation will inevitably reduce the space for other important developments in dermatology. If so, we may end up with a deleterious "*gökunge-effekt*" in dermatology, i.e. a foreign cuckoo pushing other young birds out of the nest.

I would be the first to admit that too little dermatological surgery was done in the past. This was a suboptimal situation for both patients and society, as well as unhealthy for the reputation of our specialty. Up to a point it is always better to treat a newly diagnosed skin tumour "in-house" rather than referring the patient to a surgeon, especially since it may sometimes be difficult for the next doctor even to localize the right tumour. However, devoting too much of our time to learning and teaching flips, flaps and skin transplants at the same time as introducing new laser techniques will most certainly excavate other basic skills in dermatology, such as understanding skin biology, knowing all important differential diagnoses, being an expert in selecting between remedies that we really have mastered (for example, in the case of skin cancer, simple excision, curettage, shave techniques, cryo-surgery, photodynamic therapy (PDT), topical cytostatic and pro-inflammatory agents).

How far one should go into the field of plastic surgery must depend on the local setting of the health service, its willingness to redirect economic resources to dermatology, and the personal interest of the individual doctor. Some say we should look at the USA or Germany, which have more than 10,000 dermatologists and plenty of muscles to flex. I suggest that dermato-venereology in our region, having a different history and other economic incentives, should choose its own way.

Without a crystal ball at hand nobody knows which will prove to be the best course for our discipline in the long run: trying to keep the specialty together while introducing a reasonable amount of skin surgery and continuing to send more advanced tumour cases to specialists who are routinely practicing surgical techniques, or changing the specialty into a mainly surgical one, which in the long run will probably result in separate disciplines of dermatological surgery and cosmetology, dermatological medicine, and venereology, respectively.

I think the answer to these futuristic questions depends partly on whether one takes the patient's or the specialty's perspective. From the former perspective, our unique expertise concerning the skin as an organ and its huge variability in terms of disease expression and response to treatment probably comes first. Only dermatologists possess this expertise, whereas skin surgery can be learned by virtually any surgeon,

and they exist in large numbers! No doubt individual patients (and society, which is paying for the service) will eventually suffer if there is a shortage of doctors who are knowledgeable about skin diseases, including the treatment of more complex dermatoses.

From the perspective of our specialty, it is of course nice if dermato-venereology grows and attracts young doctors who are not afraid of the knife. However, shifting the focus too much in the direction of surgical intervention will probably overstretch our specialty, which already extends from STI/HIV and skin infections to allergology, environmental diseases, dermatological oncology, genetic and immunological diseases, the art of immunomodulatory therapy, etc. Overstretching dermato-venereology will put the specialty at risk of becoming shallow (with no deep knowledge of the more complex diseases or therapies) or fissured into several small sub-specialties, each of which will be weak in times of financial cuts and competition with other disciplines.

In my opinion it should not be the purpose of a training programme for future specialists in dermato-venereology to produce experts in advanced skin surgery or Mohs' surgery. This training should come later according to individual preferences. An alternative or complementary way is, of course, to recruit plastic surgeons with a special interest in skin tumours to join the larger dermatological units.

Skin surgery is not the only area in which dermatologists can show a good spirit. Taking the lead in developing patient registries for monitoring treatment results, similarly to what rheumatologists have already done with biological therapy, and developing our knowledge in dermato-immunology and allergy testing for suspected drug reactions are examples of areas that should attract the interest of the public, representatives of other disciplines and decision-makers.

Therefore, my simple recipe is as follows: perform more skin surgery, but do not throw away our long-invested knowledge in using less invasive (and less expensive) techniques for removing skin tumours, and do not downgrade the core of dermatology just for the sake of the prestige and fun(?) of doing plastic-like surgery in-house, especially without proper economic compensation. Remember, there is no one else out there but a well-trained dermatologist who can take care of severe dermatoses! Dermatologists should, I believe, try to keep our specialty together and work in close collaboration with plastic surgeons and ENT doctors in providing more advanced (facial) surgery, thus, it is hoped, avoiding both threatening "*Gökboet*" and "*Gökunge-effekt*" situations.